2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730986 Apr 27, 2000 8:00 am Secretary of State MEADOWBROOK LAKES CONDOMINIUM APARTMENTS BUILDIN 02-22-2000 90027 010 ****61.25 Principal Place of Business Mailing Address 1025 SOUTHEAST 2ND AVENUE 1025 SOUTHEAST 2ND AVENUE DANIA FL 33004-4464 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-1603033 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LE BRUN, PAUL 1025 SE 2 AVE #203 Zip Code DANIA BEACH FL 33004 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 统计 医达拉特氏 SIGNATURE Signature, typed or printed name of registered agent and total applicable. (NOTE: Registered Agent signature required when remarking) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: ---\$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete 3JTE Change Addition TITLE Ð GACNON, LAURENT #208 NAME HEXTER, JACK NAME STREET ADDRESS STREET ADDRESS 1025 SE 2ND AVE #308 Banca Beach, FL 33007 CITY-SY-ZIP CITY-ST-7/P DANIA FL 33004 Morel, Jean Change 1025 SE 2 A # 104. TITLE ☐ Galete TITLE NAME NAME HALL BETTY STREET ADDRESS STREET ADDRESS 1025 SE 2ND AVE APT 408 DANIA BEACH, FL 33004 CITY-ST-ZIP CITY-ST-ZIP <u>Dania Fl</u> GAJIL Lemette, Phil Change TITLE Delete TITLE NAME NAME LE BRUN, PAUL STREET ADDRESS STREET ADDRESS 1025 SE 2 AVE #203 DANIABEACH, FL 33004 CITY-ST-ZIP CRY-ST-7IP DANIA BEACH FL 33004 ☐ Addition TITLE ☐ Detete GRAVEL, JOE STREET ADDRESS STREET ADDRESS 1025 SE 2ND AVE #301 CITY-ST-7IP CITY-ST-78 DANIA FL Change Addition Q Delete TITLE TITLE NAME MUSCANERD, PHILDER NAME STREET ADDRESS 1025 SE & AVE #403 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH PL 33004 TITLE ☐ Delete ☐ Change ☐ Addition S NAME KEELY, DOROTHY STREET ADDRESS STREET ADDRESS 1025 SE 2 AVE #401 CITY-ST-ZIP CITY-ST-7IP DANIA BEACH FL 33004 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall below the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _